U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

1. File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Name Intil Brok. of

1 / U / 04 Through: (2 / 31 / 04)

4. Name, file number, and address of labor organization.

Labor Organization File Number 1000 - 074

P.O. Box, Building and Room Number, if any

Street 2667 N Ocotillo Rdi	Street 753 State Aue				
City Benson	City Kansas CITY				
State Acizons ZIP Code + 4 85402	State (CCNSQS ZIP Code + 4 (6C 101				
5. Position in labor organization.  International Representative					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name Bobcock & William Const. Co.	Dinner for Western States Business mangages and Intil Staff				
Trade Name, if any:	monagers and Intil Staff Myrtle Beach Sc				
P.O. Box, Bldg., Room No., if any	Tripertite Conference				
Street 90 E. Tuscarans Ave					
City Barberton	\$50.90 10-6-04				
State OH(0 ZIP Code + 4 4/4203					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information					

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

Date

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filing Kyle M Evenson	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Rollectors Name Destern States Joint Approxication Committee  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 1460  Street (19 West MAM  City East Helene  State MONTANA ZIP Code + 4 59635	9. Business deals with:  a. Labor Organization  D. b. Trust  c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Rollernelests  Name Western Stotes Tout Apprehiment  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  TOBOK 1460	11.a. Nature of such dealing.  Tuly 15, 2004 WS JAC Apprenticeship  Competition Awards Banquet  Spokale, WA.				
Street II 9 West MAIN  City East Halens  State Montana ZIP Code + 4 5963 5	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.				
	12.b. Amount.				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

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8. Name and address of Business (including trade name, if any).  Boiler makers  Name Southeast area Taint Approximation Commuter  Trade Name, if any:  SAJAC  P.O. Box, Bldg., Room No., if any  Street 3715 WYPER CREEK DTZ.  City TRUSKIN  State FLOTIDA ZIP Code + 4 33573-6840	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name.  **Boilsomakers** Name Suttenct Anactoint Apprehiceshing Committer**  Trade Name, if any:  SAJAC  P.O. Box, Bldg., Room No., if any  Street 37(5 UPPER CREEK DR.  City Ruskin  State FLORIBA ZIP Code + 4 33573-6846	11.a. Nature of such deali August 12, 20 Apprentice Recept Birmings  11.b. Approximate dollar value  12.a. Nature of interest hele	DOY SAT Ship Compo- fron / Award Jum , AL. ue of such dealing.	etition	
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

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8. Name and address of Business (including trade name, if any).  Restaurates Tount Apprentiscanip Committee  Trade Name, if any:  DSTAC  P.O. Box, Bldg., Room No., if any  P.O. Box 1460  Street IIA Liest Main  City East Heliag  State Montana ZIP Code + 4 59635	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Roller molecus  Name Western Stotes Jann + Apprehius hip Commit  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Robot 1966  Street West MAIN		i, 2005 WSJAC of Trustee meeting nev			
City Eash Holena ZIP Code + 4 5963 5	11.b. Approximate dollar value 12.a. Nature of interest held				
	12.b. Amount.				
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Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
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State ZIP Code + 4		Market of America			
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